

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	METHOD OF DETECTING EPIGENETIC BIOMARKERS BY QUANTITATIVE METHYLSNP ANALYSIS
Attorney Docket Number::	UHLMANN1A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity

Given Name::	Karen
Middle Name::	
Family Name::	UHLMANN
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Hektorstr. 18
City of Mailing Address::	Berlin
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	10711
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Peter
Middle Name::	
Family Name::	NURNBERG
Name Suffix::	
City of Residence::	Berlin
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Dorfstr. 72a
City of Mailing Address::	Berlin
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	16818
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Berlin
Status::	Full Capacity
Given Name::	Anja
Middle Name::	
Family Name::	BRINCKMANN

Name Suffix::

City of Residence:: Berlin

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Hauptstr. 16

City of Mailing Address:: Berlin

State or Province of Mailing Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing Address:: 13168

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
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Application::	Date::
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This Application	Appln claiming benefit under 35 USC 119(e)	60/462,289	04/14/03
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
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Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::